

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 10/03/369 FILING DATE  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2	/		/		/		52						
3		/		/		/	53						
4	/		/		/		54						
5		/		/		/	55						
6		2		2		2	56						
7		3		3		3	57						
8	/		/		/		58						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		4		1		TOTAL IND.						
TOTAL DEP.		3		3		3	TOTAL DEP.						
TOTAL CLAIMS	4	3	4	3	1	3	TOTAL CLAIMS						

10-1350 (3-78)